

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis
 Santa Fe, NM 87505

DRILLED
 2009 MAR 3 AM 10 18

WELL API NO. 30-021-20127
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Bravo Dome Unit
8. Well Number 311K
9. OGRID Number 495
10. Pool name or Wildcat West Bravo Dome CO2 Gas (96387)

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other CO2 Supply

2. Name of Operator
Hess Corporation

3. Address of Operator
P.O. Box 840 Seminole, TX 79360

4. Well Location
 Unit Letter K : 1980 feet from the South line and 1980 feet from the West line
 Section 31 Township 19N Range 30E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4446'

Pit or Below-grade Tank Application or Closure
 Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
 Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Maintenance on well contractor: Key Energy Services Rig # 426
 10/04/2008 MIRU Key 426, TBG 580 psi, kill well, ND wellhead, NU BOP, RU Lubricator & Clean out Sand from 1970' SWI ON
 10/05/2008 Clean out sand to 2050' THI with Arrow Set 1 PKR with on/off tool & 60 joints 2 3/8" tbg to 1911.13'
 Test casing to 500 psi for 20 minutes. ND BOP, NU Hanger Flange, Set clips @ 10K in tension, install valve, SWI, RDPU

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Rita C. Smith TITLE Engineering Technician DATE 02/26/2009

Type or print name Rita C. Smith E-mail address: rsmith@hess.com Telephone No. (432)758-6726

APPROVED BY: [Signature] TITLE **DISTRICT SUPERVISOR** DATE 3/4/09
 Conditions of Approval (if any):